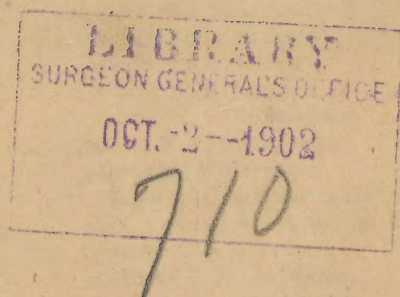


SMART (C.)

The medical department,
U. S. Army.



Historical Sketches of the Army.

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THE MEDICAL DEPARTMENT, U. S. ARMY.

BY MAJOR CHARLES SMART, SURGEON U. S. A.

THE Medical Department of the United States Army is as old as the United States, for when the patriot shouldered his rifle and sallied forth to see what was happening on the road to Lexington, the doctor hastily replenished his saddlebags and went out to help such of his neighbors as might require his professional assistance; and by-and-bye, when the patriots became organized into companies and regiments, the doctor stayed with them, having been provided with an official status to warrant him in doing so. This authority came at first from the colonels of regiments, and the surgeons so appointed were authorized to select their own assistants or mates, as they were then called; but the incompetency of this method to secure an efficient medical service was soon manifest, and the Provincial Congress of Massachusetts Bay took the matter in hand, requiring each candidate for a position in the Medical Department of the Army to be subjected to a close examination by qualified medical men. There was nothing *pro forma* in these examinations; for it is on record that no less than six of a set of fourteen were rejected on account of failure to come up to the standard. Examination to determine fitness is a recent requirement in the United States. The Civil Service Commission belongs to the last decade, and it is only the other day that military officers became subject to examination for promotion; but medical men were examined for service in the military body away back in 1775, and the system then instituted has never ceased to be the rule.

The Provincial Congress discovered also that something more was required for the proper care of soldiers on a campaign than the appointment of a surgeon and his mates. After the fight at Breed's Hill they found it needful to establish a general hospital for the wounded from many regiments—to provide it with supplies irrespective of those at the command of regimental surgeons, and to have medical men in attendance who belonged to no regiment but to the hospital department in general. Thus there became established a small corps of staff surgeons. In a short time, as regiment after regiment from beyond the limits of Massachusetts joined the army at Cambridge, the necessity for the adoption of some system of organization became manifest. Most of the regiments brought medical officers with them, but few were supplied with the needful stores and medical supplies. A bill was adopted providing for a director-general whose duties were to furnish bedding, medicines, and all other necessities; to pay for the same, superintend the whole and make his report to and receive orders from the commander-in-chief; four surgeons, one apothecary, twenty mates, a clerk, two store-keepers, and a nurse to every ten patients. Congress appointed the director-general, who was authorized to appoint the surgeons,

and these in their turn selected their mates. Shortly after his appointment, the first director-general, Dr. Benjamin Church, was accused of treasonable practices. A letter in cipher, giving full information concerning the strength and position of the Continental troops, was attributed to him. The doctor acknowledged its authorship, but claimed that his intention was to impress the enemy with such an idea of our superiority as to prevent an attack at a time when we were out of ammunition. The court found him guilty and referred the case to Congress for punishment. After a confinement of some months his health failed and he was set at liberty under bonds to appear for trial when called. He sailed shortly afterwards for the West Indies, and the vessel is supposed to have foundered at sea, for she was never heard of again.

Church's successor, Dr. John Morgan, labored earnestly to keep the army supplied with stores for its sick; but the difficulty of his task may be appreciated when it is observed that he had to make an appeal to the "Publick." In September, 1775, a congressional committee was appointed "to devise ways and means for supplying the army with medicines"; but it did little to overcome the difficulty. Ultimately it was realized that a director-general with the army could not satisfactorily perform the duties of a purveyor in the larger cities, and it was decided to appoint a druggist in Philadelphia "whose business it shall be to receive and deliver all medicines, etc."; but the director-general was not thereby relieved of the duty of seeing that this work was satisfactorily performed.

Besides the hospital at Cambridge, one was established at Ticonderoga for General Schuyler's command, and, in 1776, a third at Williamsburg, Va. The position of surgeon at this time was no sinecure, for small-pox, typhus and typhoid fevers, diarrhœa and dysentery, were rife in the Continental armies. The army at Cambridge in September, 1775, consisted of 19,365 men, of whom 2817, or 14.5 per cent., were sick, present or absent; and in December the number taken sick weekly was from 675 to 1500, one-third of whom had to be sent to the small-pox hospitals.

The general hospital system having been extended beyond the one hospital originally established at Cambridge, an act was passed allowing one surgeon and five mates to every 5000 men, with such other assistance as might be necessary. Certain of the provisions of this bill aroused a strong feeling on the part of the regimental surgeons against the hospital surgeons. It provided that the former should carry only medicines and instruments, and that when a man became so sick as to require medical stores he should be sent to hospital for treatment. The regimental surgeons claimed that they were thus subordinated too much to their comrades of the hospital. They had less rank and less pay than these, and now their stores and their sick were taken away, leaving them only the trifling ailments of camp to attend to. They claimed the right to take care of their own sick, and they were supported in this by a majority of the regimental and company officers; moreover, the hospitals were not prepared to take charge of the large number of cases that would have been turned over to them at this time, and it was feared that an outbreak of typhus would be the result of attempting to overcrowd. A compromise was therefore effected by introducing the sys-

tem of hospital fund which exists in our army to the present time. The rations of the sick were to be commuted by the commissary of subsistence, and needful articles purchased with the money. In this way certain of the sick could be provided with hospital stores and treated in camp, the hospitals be relieved and the regimental surgeons in some measure satisfied.

At this time the suffering for want of medical supplies in the northern army was attracting general attention. Letters from the troops were filled with complaints. There was not in the army enough of lint to dress the wounds of fifty men, not a dose of cinchona although malarial fevers were of frequent occurrence, nor any bedding, not even straw for the sick, who lay on the bare boards of the hospital floor. The country expected something to be done to remedy this deplorable state of affairs. Director-General Morgan had done all in his power apparently to relieve the necessities of this army. All his surplus stores had been sent to it, but there was delay in their arrival, in fact for some time during their transportation they were to all intents and purposes lost,—neither those who sent them nor those who wanted them being able to hear anything of their whereabouts. Regimental surgeons held the hospital surgeons responsible for this destitution, claiming that everything was kept in hospital for an emergency that might not occur, while men were dying by the hundred with their regiments. At this time also it unfortunately happened that a dispute arose as to rank between the director of this army, Dr. Stringer, and the director-general. The latter in sending supplies at Stringer's request had also sent some surgeons, and the appointment of these had been regarded by the director as an infringement of his rights. Accordingly, when Stringer was sent by his commanding general to New York to hurry up supplies, he took the opportunity of going to Philadelphia to represent his grievances to Congress. He contended that he was not subordinate in his directorship, while Morgan, on whom this contention seems to have been forced, held that there was but one General Hospital, though consisting of several divisions each under a separate director, and but one head, the director-general. Stringer was supported in his attack on Morgan by the influence of the regimental surgeons, who bore the latter a grudge for building up the general hospital system at their expense. Meanwhile a congressional committee which had been investigating the condition of the northern army, made its report, and a resolution was adopted that "Dr. John Morgan, director-general, and Dr. Samuel Stringer, director of the hospital in the northern army of the United States be, and they are hereby, dismissed from any further service in said offices." Congress appeared to consider the contention as to rank, as the root of all the troubles, whereas it really lay deeper and was wholly independent of this; and in summarily disposing of the case in this manner it did an injustice to the director-general which was in part atoned for later. About a year after his dismissal he succeeded in having a congressional inquiry into his conduct of affairs which approved him as able and faithful in the discharge of his duties, and a resolution was passed to that effect; but he was not reinstated. He retired to private life, disappointed, and died not long after.

In 1777, after Morgan's dismissal, the Army Medical Committee of Con-

gress reported a bill for the establishment of a Medical Department, which had been drawn up by Dr. Wm. Shippen and Dr. Jno. Cochran. This was an elaborate affair, based on the organization of the British service and accepted because it was so, for, as Washington said: "The number of officers mentioned in the enclosed plan, I presume, are necessary for us, because they are found so in the British hospitals." Shippen was appointed director-general. The bill provided also for a deputy director-general, a physician-general, a surgeon-general, and an apothecary-general for each of the departments; an assistant deputy director and a commissary for each of the hospitals; senior physicians and surgeons, second surgeons, mates, stewards, matrons and nurses; also for a physician and surgeon-general for each army, to have control over the regimental surgeons and their mates. This unwieldy establishment, which had been built up gradually through a long series of years in a country where rank and class distinctions had a prominence that was not to be found in the colonies, was accepted as the only solution of a problem which had been proved to be one of infinite difficulty. Experience during the remaining years of the War of the Revolution simplified the organization by removing its functionaries with the high sounding titles; and there seems no reason to doubt that had a little longer time been given, the establishment would have been resolved into a corps of surgeons and assistants taking rank in their grade by seniority and assigned to duty in accordance with their rank.

In 1777 most of the hospitals were not only deficient in supplies but crowded with men who were prevented from going to the front merely because they were unprovided with shoes, clothing and blankets. A general complaint was raised, and Dr. Benjamin Rush, physician-general of the hospital of the Middle Department, did not hesitate to attribute the destitution of the hospitals to the mismanagement of the director-general. As a partial remedy for this state of affairs the deputy director-general of each department was relieved from all other duties except that of purveying; and as the influence of British institutions was still at work in the elaboration of the organization, each of these was provided with a deputy to aid him in his work. The deposed director-general, Morgan, joined forces with Rush in endeavoring to throw discredit on Shippen's work, with the result of bringing him to trial; but the court exonerated him and Congress approved its findings, and in 1780, when the Medical Committee reported a bill to simplify the cumbersome organization, Shippen retained the director-generalship; but he resigned soon after and was succeeded by Cochran. The bill provided for the director-general, a chief physician for the hospitals of each department, and one for each separate army, and a purveyor for the whole. Promotion by seniority was authorized next year,—and the Medical Department was getting into excellent working condition when prospects of peace put an end to further progress. Officers were mustered out and furloughed, so that in 1784 the army of the United States consisted merely of some detachments of artillerymen who guarded stores at Fort Pitt and West Point.

For some years subsequent to the close of the War of the Revolution the army of the United States consisted of troops enlisted for short periods

of service, with no provision for medical service other than that afforded by regimental medical officers.

In 1798 quite a formidable force was raised in anticipation of trouble with France, and on the recommendation of Secretary McHenry, who had been a surgeon during the Revolution, a hospital establishment based on the later experiences of the war, was authorized; but the war clouds became dissipated and this measure never went into practice.

In 1802 a new departure was taken in appointing army medical officers. The army at that time was so small that the few surgeons and mates provided on a regimental basis were wholly incapable of attending to the sick, scattered as they were at various posts along the frontier; medical officers were therefore appointed to garrisons and posts and not to corps, as heretofore. The act of March 16th allowed two surgeons and twenty-five mates as the peace or permanent garrison establishment. Additional troops levied in an emergency brought with them their regimental surgeons, and, if the needs of the service required the establishment of general hospitals, hospital surgeons of higher grade and rates of pay than the regular garrison surgeons were appointed temporarily. In this manner the Medical Department was enlarged to meet the necessities of the army in 1812.

There was, however, no provision made for a chief of the department until March, 1813, when Dr. James Tilton, who had been a hospital surgeon during the Revolution, was appointed physician and surgeon-general. His management of affairs during the war appears to have given universal satisfaction. Many hospitals were established and broken up in the progress of events, but all were well kept, fully provided with necessities and competent for all the work thrown upon them. Some, indeed, as that at Burlington, Vermont, under the superintendence of Surgeon Lovell, of the 9th Infantry, appear from the reports to have been model establishments. The regulations of these are extant and it is readily seen that their high character was due to efficient administration, discipline and cleanliness. During the Revolution Congress kept a special committee in constant session on the organization and needs of the Medical Department. During the War of 1812 the only legislation materially affecting the department was a much needed increase of pay for the regimental medical officers. These two facts alone suffice to indicate the excellence of Dr. Tilton's administration. He returned to private life in 1815, when Congress fixed the peace establishment of the army at 10,000 men with a proportionally reduced staff of medical officers.

In 1818 a bill which organized the general staff gave to the Medical Department for the first time in its history a permanent chief under the title of "Surgeon-General." The "Director-General" of the Revolutionary period and the "Physician and Surgeon-General" of 1813 were temporary appointments to meet the emergencies of the times, but the surgeon-generalcy now authorized, and to which Surgeon Joseph Lovell was promoted on account of his excellent record, was a permanent position on the military staff of the country. The same bill provided two assistant surgeons-general, one for each of the divisions, but these, from the duties prescribed for them, should rather have been called medical inspectors. Hospital and

garrison surgeons became consolidated under the title of post surgeons, and as these took rank after the surgeons of regiments, certain of the hospital surgeons who had served in high positions on important occasions had reason to be dissatisfied with the inferior status to which they were consigned by this arrangement.

The Medical Department was fortunate in having so able a man as Dr. Lovell appointed as its chief. He defined the duties of his subordinates, established an excellent system of accountability for property, revised and improved the character of the medical reports rendered, inspired his officers with the idea that as sanitary officers they had greater responsibilities than mere practicing physicians and surgeons, and labored earnestly to have their pay increased and their official status raised in proportion to his views of the importance of their duties. He also established an equitable system of exchange of posts or stations, so that one officer might not be retained unduly at an undesirable station.

In 1821 the finishing touches were given to the organization of the department by doing away with the unnecessary positions of assistant surgeons-general and apothecary-general, and consolidating the regimental surgeons with the general staff, so that the corps consisted simply of one surgeon-general, eight surgeons with the compensation of regimental surgeons, and forty-five assistant surgeons with the compensation of post surgeons; but as this number was insufficient to provide one medical officer to each of the military posts, the system of employing civil physicians on contract was instituted.

No great event occurred during the administration of Surgeon-General Lovell; but he kept the department in a high state of efficiency, so that when cholera appeared among the troops during the Black Hawk campaign of 1832, and when the Seminole outbreak took place toward the close of 1835, nothing was lacking for the care, comfort and professional treatment of the sick and wounded. He died in 1836, and a memorial in the Congressional Cemetery at Washington, erected by the medical officers of the army, expresses their appreciation of his high qualities of mind and heart. The senior surgeon, Thomas Lawson, then serving with the troops in Florida, succeeded to the surgeon-generalcy.

Little of general interest occurred during the next ten years. The most important papers filed during this period were arguments, opinions and decisions on points connected with uniforms, rank and precedence of medical officers and their right to enter into private practice in the vicinity of their stations. At last the concentration of troops on the Rio Grande and the probability of war with Mexico led to radical change in the character of the reports and papers received at the surgeon-general's office. The needs of the time occasioned an addition of two surgeons and twelve assistant surgeons to the medical staff, and ten new regiments were enlisted, each provided with a surgeon and two assistants. These were intended to be merely provisional appointments to be vacated by the incumbents when their services were no longer required at the close of the war. Ultimately, however, not only were the staff appointments made permanent, but ten additional assistants were authorized on account of the increasing

needs of the department after the acquisition of California and New Mexico.

During the Mexican War the senior surgeons were assigned as medical directors and in charge of general hospitals; certain of the juniors were on duty at the hospitals and purveying depots and the others in the field as regimental officers with the regular troops; volunteer surgeons were on duty with their regiments with occasional details for duty in the hospitals. The surgeon-general left his office and took the field with General Scott that he might better superintend the operations of his department. General hospitals were established at New Orleans and Baton Rouge, La., at Point Isabel, Matamoras, Camargo and Monterey, at Vera Cruz, Plan del Rio, Jalapa and other points *en route* to the City of Mexico, and lastly, in that city itself. There was much sickness during the invasion. Diarrhœa, dysentery and remittent fevers were the prominent diseases. These were attributed to exposures on the plateaus immediately after the march across the *tierra caliente*, where, on account of the heat, the troops, many of them raw, had thrown away their overcoats and blankets, and had not been able to replace them. Moreover, many of the commands had become infected with yellow fever while at Vera Cruz. Nevertheless the hospital service was competent to the care of all cases, and every official report that was rendered commented on the excellent management of the Medical Department. "The Medical Staff," said General Taylor after the battle of Buena Vista, "under the able direction of Assistant Surgeon Hitchcock, were assiduous in their attentions to the wounded upon the field and in their careful removal to the rear. Both in these respects, and in the subsequent organization and service of the hospitals, the administration of this department was everything that could be wished." The surgeon-general gained the rank of brigadier-general by brevet and other medical officers seem to have earned brevets although they did not receive them. Every subordinate commander had something to say in his reports of the ability, energy and courage of the members of the medical staff on duty with his command. The intrepidity with which they exposed themselves on the field gained them special mention after every battle. Some of them, indeed, were over gallant, and exposed themselves outside of the line of their duty. Thus, General Wool noted the gallantry of Assistant Surgeon Prevost, whom he took for a newly arrived staff officer and addressed as captain, making use of him in rallying the flying troops and in bringing up the Mississippi and Tennessee regiments to charge the enemy under most trying circumstances. This was commendable service on the part of this young officer, as the conditions were special and urgent and affected the well-being of the whole army; but the same cannot be said of the action of Assistant Surgeon Roberts, who left his wounded to the care of the steward and nurses to take the place of a disabled company officer in the attack on Molino del Rey, and was mortally wounded while leading the company. In encounters with Indians in earlier and later times medical officers have been frequently called upon to engage as combatants until the time of general danger was over, because the loss of the field in such a case meant the slaughter of every wounded man; but the sacrifice of his life by Dr. Roberts seems

to have been wholly uncalled for by the conditions of the moment. Lastly, at Puebla, when 800 of our troops with 1500 sick in the hospitals were besieged for thirty days by Santa Anna, those of the invalids who were able to bear arms were organized by Surgeon Madison Mills and contributed materially to the defense. The war with Mexico was as brilliant a series of victories for the medical staff in overcoming the difficulties of the environment and caring tenderly for their sick and wounded as it was for the invading columns of our small army.

The additions to the numerical force of the Medical Department during and after the Mexican War proved insufficient for the needs of our scattered army; but although the surgeon-general repeatedly called attention to his necessities, it was not until 1856 that an increase of four surgeons and eight assistants was authorized. The same bill provided for the enlistment of hospital stewards with the rank, pay and emoluments of sergeants of ordnance, and gave extra duty pay to the men detailed as cooks and nurses in the post hospitals. Up to this time the steward had been merely a detailed man, and it not unfrequently happened that after a medical officer had spent much time and labor in educating one and instructing him in his special duties, his work would be lost by the return of the man to his company. Extra duty pay had been allowed to hospital attendants from 1819, but a ruling of the Treasury Department had deprived them of it and rendered necessary the clause relating to it in this bill.

The Utah expedition of 1857 found the Medical Department fully prepared for any emergency, but no general hospital was established, as the regimental hospitals sufficed for the care of the sick.

Surgeon-General Lawson died of apoplexy in 1861, after a service of forty years, during thirty-four of which he had been chief of the department. To his earnestness of purpose and untiring energy the medical officers of the army owed much of the recognition which they had obtained from Congress. He was succeeded by Dr. Clement A. Finley, then the senior surgeon on the army list.

Just before the death of Surgeon-General Lawson the Civil War had been opened by the attack on Fort Sumter; and from the calls for large bodies of troops issued by the President, and the feeling north and south that a desperate struggle was before the country, it was evident that without large reinforcements the Medical Department would be incapable of carrying on successfully its share of the work. At this time it consisted of one surgeon-general with the rank of colonel, thirty surgeons with the rank of major, and eighty-three assistants with the rank of lieutenant for the first five years of their service and that of captain until subsequent promotion. Three of these surgeons and twenty-one assistants resigned "to go South," and three assistants were dismissed for disloyalty. In August, 1861, ten additional surgeons and twenty assistants were authorized, and a corps of medical cadets was formed, not to exceed fifty in number, to be employed under the direction of medical officers as dressers in hospital. Some of the members of this corps did excellent service, but as a whole it was numerically too small to make itself felt as a power for good.

The medical staff of the regular establishment was speedily assigned to

duty in connection with the preparations for the coming struggle. Some took charge as medical directors of the corps and armies that were formed, instructing the volunteer officers in the duties of camp, and organizing them by brigades for hospital and battle-field service; others acted as medical inspectors, aiding the directors in their work of supervision and education; some organized general hospitals for the sick that had to be provided for on every move of the army, while others kept these hospitals and the armies in the field supplied with medicines, hospital stores, furniture, bedding, and surgical supplies; the remainder were assigned to field service with the regular regiments and batteries.

Each volunteer regiment brought with it a surgeon and an assistant (afterwards two assistants) appointed by the Governor of the State after examination by a State medical board. The efficiency of this service was further guarded by a central board for the reëxamination of any regimental medical officer whose professional competency had been called in question. The senior surgeon of each brigade became invested with authority as on the staff of the brigade commander; but as seniority was determined by a few days or weeks at furthest, it often happened that the best man for the position was not rendered available by this method. Congress therefore authorized a corps of brigade surgeons who were examined for position by the board then in session for officers of the regular corps. One hundred and ten of these brigade surgeons were commissioned.

In April, 1862, a bill was passed by Congress to meet the pressing needs of the Medical Department. This gave the regular army an addition of ten surgeons, ten assistants, twenty medical cadets and as many hospital stewards as the surgeon-general might deem necessary; and it provided for a temporary increase in the rank of those officers who were holding positions of great responsibility. It gave the surgeon-general the rank, pay and emoluments of a brigadier-general; it provided for an assistant surgeon-general and a medical inspector-general of hospitals, each with the rank, etc., of a colonel of cavalry, and for eight medical inspectors with the rank of lieutenant-colonel. These original vacancies were filled by the President by selection from the army medical officers and the brigade surgeons of the volunteer forces, having regard to qualifications only instead of to seniority or previous rank. At the termination of their service in these positions medical officers of the regular force were to revert to their former status in their own corps with such promotion as they were properly entitled to. About the time of this enactment Surgeon-General Finley was retired at his own request after forty years service and Assistant Surgeon Wm. A. Hammond was appointed the first surgeon-general with the rank of brigadier-general. In December following eight more inspectors were added. Their duties were to supervise all that related to the sanitary condition of the army, whether in transports, quarters or camps, as well as the hygiene, police, discipline and efficiency of field and general hospitals; to see that all regulations for protecting the health of the troops, and for the careful treatment of the sick and wounded, were duly observed; to examine into the condition of supplies, and the accuracy of medical, sanitary, statistical, military and property records and accounts of the Medical Department; to in-

investigate the causes of disease and the methods of prevention ; they were required also to be familiar with the regulations of the Subsistence Department in all that related to the hospitals, and to see that the hospital fund was judiciously applied ; finally, they reported on the efficiency of medical officers, and were authorized to discharge men from service on account of disability.

Shortly after this the corps of brigade surgeons was reorganized to give them a position on the general staff similar to that of the army medical officer, and render their services available to the surgeon-general at any point where they might be most needed irrespective of regimental or brigade organizations. They henceforth became known as the "Corps of Surgeons and Assistant Surgeons of Volunteers" ; and the appointment of forty surgeons and one hundred and twenty assistants was authorized.

Promotion or increased rank is the reward in the military service for duty well performed ; but little incentive of this kind was offered to medical officers during the War of the Rebellion. Many who entered as surgeons had no promotion to look forward to ; and they saw their comrades of the line, formerly their equals or inferiors in rank, mount upwards step by step while there remained to them nothing but the reward of a good conscience. The sixteen lieutenant-colonelcies held by the medical inspectors offered no chance of promotion to the vast number of those who looked up to them. Surgeon-General Hammond made several efforts to obtain increased rank for the medical directors of armies. That a medical officer on duty as medical director held only the rank of major, although responsible for the work of five or six hundred officers, one-third of whom had a rank equal to his own, seemed an oversight that required only to be pointed out to be immediately remedied,—the more so that the corresponding officers of the Adjutant General's, the Quartermaster's and Subsistence Departments, were assigned to their duties as colonels ; yet the efforts of the surgeon-general were met by a curt refusal on the ground that the skill and efficiency of surgeons were not dependent upon rank and pay. The reply was to the effect that surgical ability was not in question ; that the duties of a medical director were purely administrative, and that for the proper performance of such duties rank was essential ; but no action was taken upon this subject until towards the close of the war, when Congress recognized the responsibilities of these officers by giving the rank of lieutenant-colonel to the director of a corps and of colonel to that of an army.

It is seen, therefore, that during this great war the work of the Medical Department was performed by the regular medical officers and the corps of volunteer surgeons and assistant surgeons, both commissioned by the President, and by the large body of regimental medical officers commissioned by the Governors of States. In addition to these, civil physicians, known as acting assistant surgeons, were employed under contract, mostly in the wards of the general hospitals established in the vicinity of the national capitol and many of the large cities. Just before the close of the war another class of medical officers was authorized. Regimental surgeons whose regiments had been mustered out on account of the expiration of their terms of service were offered the position of acting staff surgeons as

an inducement for them to continue in service ; and a few were thus led to return, for assignment in the field or base hospitals. The ambulance corps must also be mentioned as a part of the machinery of the Medical Department. An ambulance service consisting of men specially enlisted and under the command of medical officers was urged by General Hammond, but no action was taken at the time on his suggestion. Somewhat later, however, a corps was organized from detailed men, with lieutenants as brigade and division officers, and a captain on the staff of the commanding general as chief of ambulances of the army corps. These officers were practically acting quartermasters for the Medical Department so far as related to the transportation of the sick and wounded.

In 1864 Surgeon-General Hammond was tried by court-martial and dismissed from the service on account of disorders and neglects in relation to the purchase of blankets, medicines and medical stores of inferior quality. General Hammond contended that the law authorized him not only to indicate to medical purveyors what and where they should purchase, but even to send the order himself, particularly under the emergency calls of a great war, and that in none of the specified instances had he been actuated by any motive other than that of performing the important duties of his office with credit to himself and benefit to the invalids who depended on his department for their care and comfort. Nevertheless, the proceedings were approved August 18, 1864, and Medical Inspector-General J. K. Barnes, who had been acting surgeon-general pending the trial, was appointed to the vacancy. It is scarcely needful, so far as General Hammond is concerned, to say that this sentence has been annulled and set aside. Fourteen years after it was promulgated he came before Congress for relief. The Senate Military Committee in its report reviewed the case and the history of the times, showing how there came to be a want of cordiality between the Secretary of War and the surgeon-general, and that, in consequence, the weaker went to the wall. The bill which replaced his name on the Army Register was approved March 18, 1878.

In the early period of the war the unit of organization for field work was the regimental hospital, but the advantages of consolidation became speedily manifest. When the sick exceeded the capacity of the regimental accommodation, brigade hospitals were established to receive the overflow and obviate the necessity for sending temporarily disabled soldiers to distant general hospitals. After a battle the coöperative work of the surgeons of a brigade was found to give infinitely better results than could be obtained by preserving the individuality of the regimental hospitals. A larger experience of these advantages led to the consolidation of the brigade hospitals of a division for administrative purposes into a field hospital for the division. These worked so well in the Western Army, and in the Army of the Potomac during the battle of Antietam, that thereafter orders were published calling for their establishment as soon as an engagement was imminent. A medical officer was assigned to the command of the division hospitals ; assistants were detailed to provide food and shelter and keep the records, and the best surgeons of each brigade were assigned to duty at the operating tables. Those officers who were not required for

special service in the hospital accompanied their commands into action and established dressing stations at convenient points in rear of the line of battle where the wounded were prepared for transportation by the ambulances of the hospital. At the beginning of a campaign a standing order was promulgated by the medical director detailing his medical officers to their various duties in case of an engagement. The chief of the hospital and his assistants were permanent details, sometimes staff instead of regimental surgeons. They remained at all times with the ambulances on the march and in camp. When a line of battle was formed, a suitable site was selected to which the ambulance train brought up the tents and supplies for the establishment of the hospital, and the ambulance officers proceeded to the dressing stations to bring in the wounded. The success of this field hospital system was such that in many commands its existence was continued during the period of inactivity in winter quarters, only trivial ailments being treated in camp by the regimental medical officers, whose medical knapsacks were replenished from time to time from the supplies of the hospital. When established on the battle-field the objects of the division hospital were to give shelter and surgical care, with time and facilities for the performance of all needful primary operations. As soon as this work was accomplished the wounded were sent to the base of supplies in ambulance or other available wagons of the Quartermaster, Subsistence or Ordnance Department, and from this they were shipped by rail or steamboat to northern cities where ample accommodation and comforts were provided in the magnificent system of general hospitals which had been established.

At first the Medical Department labored under considerable disadvantage on account of its dependence on the Quartermaster Department for its transportation in the field, and by sea and rail, as well as for its hospital buildings; but in progress of time these difficulties became smoothed over by the organization of the ambulance corps for the field transportation of the wounded, and the building of special hospitals and hospital steamers which were placed under the orders of the Medical Department. The extent of the provision for the care and treatment of the sick and wounded may be appreciated when it is observed that in December, 1864, there were in the general hospital of the North 118,057 beds, 34,648 of which were unoccupied and ready for the accommodation of those who might be disabled at any time in the progress of events on the theatre of war. During the war there were reported on the monthly reports of medical officers 6,454,834 cases of sickness and injury, 195,627 of which were fatal. Of the diseases, diarrhoea and dysentery, fevers of a typhoid character and pneumonia were the most prevalent and fatal.

Medical and hospital supplies for all these cases were provided mainly from the purveying depot in New York City in charge of Surgeon R. S. Satterlee, whose honorable record extended from the Florida and Mexican wars to this important duty during the Civil War. Supplies were also purchased in Philadelphia and to some extent in Chicago, St. Louis, Cincinnati, etc. The expenditures on behalf of the Medical Department in 1861-1866 amounted to 48 million dollars.

The museum and library of the Surgeon-General's Office, both of which

have now a world-wide reputation, had their beginnings during the war. Surgeon-General Hammond, in a circular in May, 1862, announced the intention of establishing an Army Medical Museum, and requested medical officers to collect specimens of morbid anatomy, medical and surgical, which might be regarded as valuable, together with projectiles or foreign bodies removed, and such other matters as might prove of interest in the study of military medicine and surgery. Later circulars gave more specific instructions regarding the collections to be made. For a number of years the museum was installed in the old theatre building in which President Lincoln was assassinated, but recently a handsome and commodious building has been erected in the Smithsonian grounds at Washington, D. C., where are now aggregated over 31,000 specimens, two-thirds of which are anatomical and pathological and the remainder microscopical, with, in the library, nearly 107,000 bound volumes and 166,000 unbound theses and pamphlets. Congress has provided for the publication of an index catalogue of the library, thirteen volumes of which have been published, bringing the work nearly to the end of the letter S. This catalogue, the work of Major John S. Billings, has given a marvellous impetus to medical literature and education in this country, as it places the valuable stores of the library within easy reach of those who are qualified to make use of them. The original intention was to have the library and museum connected with a hospital and medical school for the special training of those intended for the medical service of the army, but since the war the military force of the country has been too small to warrant the support of an institution of this kind. The library and museum have, however, taken a higher position than that originally intended, for they are now regarded as belonging to the medical profession of the country and not to any special school, hospital or section. Another of the notable results of the war is the "Medical and Surgical History of the War of the Rebellion." The six large quarto volumes of this work were published at various times from 1870 to 1888, when the last was issued. These volumes show that while the work of the Medical Department, in field and hospital, was carefully performed as regards the individual case, the necessary reports and papers were fortunately not forgotten. Some volunteer surgeons who took pride in considering themselves practical men, because they gave but little care to what they were pleased to term the red-tapeism of the department in calling for reports, have since then learned to appreciate the importance of these reports in their connection with the immense business of the Bureau of Pensions.

Secretary Stanton has put on record his testimony to the efficiency of the Medical Department during the war, not only as regards the care and comfort of the sick and wounded, but as to the accomplishment of its important duties without in any instance impeding or delaying the movements of the army. Its casualty list affords proof of the courage and zeal of its members and of their devotion to duty, for 32 were killed in battle or by guerrillas, and 83 were wounded, of whom 10 died in consequence; 9 were killed by accident; 4 died in rebel prisons, 7 of yellow fever, and 271 of disease incidental to camp life and resulting from exposure.

The latter part of the year 1865 was devoted to the breaking up of the

depots and general hospitals, and next year the Medical Department was again placed on a peace footing with a personnel consisting of a surgeon-general; an assistant surgeon-general with the rank of colonel; a chief medical purveyor and four assistants, lieutenant-colonels; sixty surgeon-majors, and one hundred and fifty assistants, captains and lieutenants. In 1872 provision was made for a chief medical purveyor with the rank of colonel; but in the meantime all promotions and appointments had been interdicted, so that the reports of the surgeon-general speak in urgent terms of the crippled condition of his department. In 1873 there were 59 vacancies, and in the following year, to meet the demands of the service, no less than 187 surgeons had to be employed on contract. At this time Congress authorized the appointment of assistants surgeons, but cut off two of the assistant medical purveyorships and ten of the sixty surgeons, prohibiting promotion until the number became thus reduced; and in 1876 the number of assistant surgeons was cut down to 125.

From the close of the War of the Rebellion the want of higher rank and corresponding increase of pay for the older officers of the corps had received a good deal of attention, and several efforts were made to give these officers a status similar to that provided for the seniors of the other staff corps. These were at last successful in 1876, when, in addition to the existing grades there were authorized four surgeons, colonels, and eight lieutenant-colonels, giving the members of the corps their present rank, viz., 1 brigadier-general, 6 colonels, 10 lieutenant-colonels, fifty majors and 125 captains and lieutenants.

For some time after this the department was crippled by the retention on the active list of members who were wholly incapacitated by reason of advanced age. Officers of the other staff corps and of the line were placed on the retired list and their places taken by younger men, but the seniors of the Medical Department were permitted to remain on nominal active service until removed by death. At last the compulsory retirement law of 1882 gave a recognizable and gratifying impetus to what had hitherto been the stagnation of promotion. Among the first removed by this law was Surgeon Jno. M. Cuyler, who had held his position on the active list for forty-eight years. Surgeon-General Joseph K. Barnes was also removed; he did not long survive his retirement, nor did his successor, General Charles H. Crane, continue long in office after him. Both these officers were for nearly twenty years associated in the management of the department, and their deaths occurred within a few months of each other. General Barnes possessed the full confidence of Secretary Stanton in all matters pertaining to the administration of the department, and to this was due the independent status of general hospitals in time of war, together with the removal of hospital transportation, both by sea and land, from any interference by other than medical authority,—two important decisions which tended much to the efficiency of the medical service during the War of the Rebellion.

General Robert Murray succeeded General Crane, and after a few years was followed by General John Moore. Dr. J. H. Baxter, who had served as a surgeon of volunteers during the war, and had entered the regular service

in 1867 as a lieutenant-colonel, filling an original vacancy as assistant medical purveyor, received the appointment on the retirement of General Moore in 1890, but he died suddenly a few weeks after his promotion and was succeeded by the present incumbent, General Charles Sutherland.

Some of our medical officers have recently raised a contention for the military title. They may possess their souls in peace. Given the rank, pay and emoluments and the titles will come because there is a need for them. The first object of the army medical officer of to-day is to preserve the health of his command. He is a sanitary officer on the staff of his commander, and it is an anomaly to give the same title to the young officer on the staff of a captain in command of a one-company post and to the veteran of forty years experience on the staff of the division commander. Even our older medical officers, who have a fondness for the title of doctor because they have borne it all their lives, begin to recognize that they are colonels in the Medical Department, when seated at their desks revolving some knotty point of policy or administration that has just been respectfully referred for their consideration. Congress has seen the necessity for giving these officers rank, pay and emoluments of colonels, etc., and the same necessity brought into official business and the ordinary intercourse of life will bring them their distinctive titles. Some ultra conservative may persist to the end in calling the medical officer "doctor," but the ultra conservative will die and the chariot of progress will roll over his bones without being in the least impeded.

During the past few years one of the greatest advancements and improvements in the practical working of the Medical Department has been effected by the addition of the Hospital Corps to the army. Formerly all the work of the department, including nursing and cooking in hospitals, and litter carrying and ambulance work in the field, was performed by men detailed from the command to which the medical officers were attached. It was difficult to obtain good men for these important duties, for company commanders oftentimes objected to the details asked for by the surgeons, and even when good men were assigned to hospital duty the frequent changes taking place in the constitution of a command would often remove them from the service of the hospital as soon as they had attained enough of experience to become really useful. The status of these men was fully recognized in the army; they received extra pay for their services, and as long ago as 1828, orders were issued exempting them from all military duties, except attendance on weekly inspections and regular musters for pay. The whole system was, however, so objectionable that medical officers frequently urged the establishment of a corps of men for special service in the hospital department. In his annual report for 1862 to the Secretary of War, the surgeon-general suggested the establishment of such a corps. Again in 1885 a similar recommendation was made, and this time with effect, for a bill, approved March 1, 1887, provided that the Hospital Corps of the United States Army should consist of hospital stewards, acting hospital stewards and privates, and directed that all necessary hospital services in garrisons, camp or field, including ambulance service, should be performed by its members. The regulations prescribed under the terms of the law provided for the education

of four men from each company in litter drill and first aid to the wounded. These men, called company bearers, are intended to act in emergencies until relieved by the regular members of the Hospital Corps. Provision was made for the enlistment of intelligent men from civil life into the corps, and for the organization of companies of instruction in which the training of the men in all the details of hospital service as cooks, nurses, attendants, litter-bearers, etc., is perfected under the supervision of the medical officers. Certain of these men are selected for assignment as acting hospital stewards after an examination to determine their proficiency in pharmacy, materia medica and the management of medical and surgical emergencies; and after a year, at least, of service and a further examination on these subjects, together with minor surgery and the elements of practical sanitation, they are eligible for promotion to the position of hospital steward.

The advantage of this organization and training has been demonstrated on several occasions during the past few years. The corps consists at present of 130 hospital stewards, 100 acting hospital stewards and 600 privates. The hospital stewards of the army were originally appointed to take charge of hospital stores, furniture and supplies for the sick, and to receive and distribute rations at hospitals; but as no pharmacist was provided for hospitals, the duty of making up prescriptions and having general charge of the sick in the absence of the medical officers fell to the lot of the hospital steward, and came by degrees to be regarded as his most important work. The recent law gives him his proper status and a corresponding increase of pay.

The perfection of the corps by enlistment of the best material would enable the Medical Department not only to meet all the requirements of its existing service, but to expand with the requirements of an emergency to supply the needs of an army many times the size of that now authorized. If the act which established it be examined it will be found that the corps is intended to be what all military organizations ought to be, a training school for war service; and its efficiency as such depends, of course, on the ability and energy of the officers and the intelligence and interest of the men. Intelligence is required on the part of the latter not only to understand but to teach; for the system adopted involves transmissions of knowledge from those who have been advanced, to those who have been accepted from the ranks to fill the vacated positions. The acquirement of information bearing on the management of sick and wounded, and the methods of turning such information to practical account when called for by the requirements of the occasion, are the objectives of the corps; and their pursuit, as may be readily appreciated, tends as well to prepare the hospital establishment for efficient service in the undesired event of war as to perfect it in the discharge of its current work. When every acting hospital steward is qualified to undertake the duties of steward, and the private of the corps in general ready to step into a higher position, the expansion of the corps in an emergency can be effected by recruiting merely for the last mentioned grade. Only in the event of a great war calling for the strength of the States to take the field would the system fail for want of men qualified for the positions; but this will ultimately be met, no doubt, by the assimilation of

the Medical Department of the National Guards to that of the regular forces, so that when each State regiment is mustered into the United States service it will bring with it its quota to the Hospital Corps.

In reviewing the history of the Medical Department, it seems to the writer that its officers, and those of the army as a whole, have reason to feel gratified. Having had its beginning as we have seen in the patriotism of the individual medical man, which led him to pack his saddle-bags with needful supplies for the care of his friends and neighbors who might come to grief on the road between Boston and Concord, it has evolved through the medium of experience in the Revolutionary War, in that of 1812, in the Mexican War, in campaigns innumerable against hostile Indians, and in the terrible trials of the War of the Rebellion, into a corps of officers whose members are tied down to no specific duties, but are available for assignment in an emergency to the duty which each is best qualified to undertake, and whose rank, pay and emoluments increase with their age and experience. The simplest form of organization has been shown by experience to be the best, and this that we now possess is the simplest for medico-military organization. The Hospital Corps is constituted on similarly simple lines, so that there is needed only the adoption and education of a similar corps by the State forces to enable the country to meet the probable emergencies of the future, so far as the Medical Department of the Army is concerned.

